

**Vet Consent Form**

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| **Animal Details** | |
| **Name** |  |
| **Age** |  |
| **Breed** |  |
| **Sex** |  |
|  |  |
| **Owners Details** | |
| **Name** |  |
| **Mobile** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Vets Details –**  *For Vet to complete* | |
| **Vet** |  |
| **Telephone** |  |
| **Diagnosis** |  |
| **Medication** |  |
| **Pre-existing conditions** |  |

*I consent to the above animal having a physiotherapy assessment and the appropriate treatment.*

Vet’s name: Vet signature: Date:

If you would prefer to use an electronic rather than handwritten signature the act of typing your name in the box has the same effect as using your handwritten signature. If this form is completed using an electronic signature rather than handwritten signature this form will **only** be accepted if sent directly to prospervetphysio@gmail.com from the veterinary practice's email address.